

BEST AVAILABLE COPY

10/567398

| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | Application or Docket Number | | |
|--|-------------|--|---|------------------------------------|---|---------------------|----------------|
| Effective December 8, 2004 | | | | | 10 567398 | | |
| CLAIMS AS FILED - PART I | | | | | SMALL ENTITY | | |
| | | | | | TYPE | OTHER THAN | |
| | | | | | OR | SMALL ENTITY | |
| U.S. NATIONAL STAGE FEES | | (Column 1) | (Column 2) | | RATE | FEE | |
| BASIC FEE | | SMALL ENT. = \$ 150 | LARGE ENT. = \$ 300 | | BASIC FEE | | |
| EXAMINATION FEE | | Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100 | All other situations = \$ 100 / \$ 200 | | EXAM. FEE | | |
| SEARCH FEE | | U.S. Is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 | | SEARCH FEE | | |
| FEE FOR EXTRA SPEC. PGS. | | minus 100 = | / 50 = | | X \$ 125 = | | |
| TOTAL CHARGEABLE CLAIMS | | 25 minus 20 = | 5 | | X \$ 25 = | | |
| INDEPENDENT CLAIMS | | 4 minus 3 = | 1 | | X \$ 100 = | | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | | | | + \$ 180 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | TOTAL | | |
| | | | | | | | |
| CLAIMS AS AMENDED - PART II | | | | | SMALL ENTITY | OTHER THAN | |
| | | | | | OR | SMALL ENTITY | |
| | | | | | RATE | ADDITIONAL FEE | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | RATE | ADDITIONAL FEE |
| | Total | * 25 | Minus | ** 25 | = | X \$ 25 = | |
| | Independent | * 4 | Minus | *** 4 | = | X \$ 100 = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | + \$ 180 = | | |
| | | | | | TOTAL ADDIT. FEE | | |
| | | | | | | | |
| AMENDMENT B | | | | | SMALL ENTITY | OTHER THAN | |
| | | | | | OR | SMALL ENTITY | |
| | | | | | RATE | ADDITIONAL FEE | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | RATE | ADDITIONAL FEE |
| | Total | * Minus | ** | = | X \$ 25 = | | |
| | Independent | * Minus | *** | = | X \$ 100 = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | + \$ 180 = | | |
| | | | | | TOTAL ADDIT. FEE | | |
| | | | | | | | |
| <ul style="list-style-type: none"> * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". | | | | | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | |